



## Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

### I. Identification of Organization

Hospital Name: ST. VINCENT JENNINGS HOSPITAL

City of Hospital: North Vernon

Year Begin: 07/01/2011 (mm/dd/yyyy format)

Year End: 06/30/2012 (mm/dd/yyyy format)

Medicare Provider Number: 151303

### Statement One: Summary of Revenue and Expenses

#### 1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$4084264
Outpatient Patient Service Revenue	\$44468344
Total Gross Patient Service Revenue	\$48552608

#### 2. Deductions From Revenue

Contractual Allowance	\$22965683
Other Deductions	\$7317960
Total Deductions	\$30283643

#### 3. Total Operating Revenue

Net Patient Service Revenue	\$18268967
Other Operating Revenue	\$343918
Total Operating Revenue	\$18612885

#### 4. Operating Expenses

Salaries and Wages	\$6244502	Employee Benefits	\$1421039
Depreciation and Amortization	\$504571	Interest Expense	\$404881
Bad Debt	\$1927265	Other Expenses	\$7556747
Total Operating Expenses	\$18059005		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$553879	Total Assets	\$17935122
Net Non-operating Gains over Loss	\$-21578	Total Liabilities	\$17935122
Total Net Gains	\$532301		

### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$18806089	\$11927334	\$6878755
Medicaid	\$9278045	\$7689788	\$1588257
Other Government	\$637689	\$372045	\$265644
Other State	\$0	\$0	\$0
Other Payers	\$19824209	\$10294477	\$9529732
Total	\$48546032	\$30283644	\$18262388

### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

### Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

### Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6147804	
HCI Payments	\$0		
Subtotal	\$0	\$6147804	\$-6147804
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$-63549	
Other Government Programs	\$0	\$0	
Total	\$0	\$-63549	\$63549

### Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$3480496	\$-3480496
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0